

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

(Continued)

**Underpayment Amount Owed**  
**(For Underpayments Occurring on or after 1-1-98)**

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_

**Underpayment Month and Year:** \_\_\_\_\_

<b>(A) Net Countable Income</b>					
Total Business Income	\$				
Business Expenses					
A. 40% Standard OR	-				
B. Actual	-				
Net Earnings from Self Employment	=				
Total Disability-Based Unearned Income (Assistance Unit (AU) + Non Assistance Unit (Non-AU) Members)	\$				
\$225 Disregard	-				
Nonexempt Unearned Disability-Based Income OR	=				
Unused Amount of \$225 Disregard	=				
Total Earned Income	\$				
Net Earnings from Self-Employment (from above)	+				
<b>Subtotal</b>	=				
Unused Amount of \$225 Disregard	-				
Earned Income Disregard 50%	-				
Nonexempt Unearned Disability-Based Income (from above)	+				
Other Nonexempt Income (AU + Non-AU Members)	+				
<b>Net Countable Income</b>	=				
<b>(B) Correct Cash Aid Payment</b>					
Maximum Aid Payment (# persons) \$ Amount (AU + Non-AU Members)	( )	( )	( )	( )	( )
Special Needs (AU + Non-AU Members)	+				
Net Countable Income	-				
<b>Subtotal A</b>	=				
Maximum Aid Payment (MAP) (AU Only)	\$				
Special Needs (AU only)	+				
<b>Subtotal B</b>	=				
Correct Cash Aid Amount <b>(Lesser of Subtotal A or B)</b>	\$				
<b>(C) Child Support Penalty Adjustment</b>					
25% Child Support Penalty	-				
<b>Subtotal C</b>	=				
<b>(D) Adjustments</b>					
a. Additional 25% Child Support Penalty	-				
b. Overpayment	-				
c. Cal-Learn Penalty	-				
d. Cal-Learn Bonus	+				
Adjusted Cash Aid:	<b>Subtotal D</b>	=			
<b>(E) Underpayment</b>					
Correct Cash Aid Amount	\$				
Cash Aid Paid To You	-				
<b>Subtotal E</b>	=				
<b>Amount of Underpayment for Each Month</b>	=				
<b>TOTAL UNDERPAYMENT (All Months) \$</b> _____					

**Rules:** These rules apply; you may review them at your Welfare Office: MPP 44-340.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.